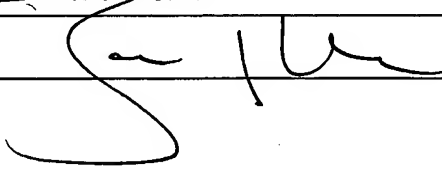


# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

<b>Attorney Docket No.</b>		HSJ9-2003-0077US1		(0107-0039)	
<b>First Inventor or Application Identifier:</b>		Fox			
<b>Title:</b>		SELF-PINNED SPIN VALVE SENSOR WITH STRESS MODIFICATION LAYERS FOR REDUCING THE LIKELIHOOD OF AMPLITUDE FLIP			
<b>Express Mail Label No.:</b>		EV 300425621 US			
<b>Application Elements</b> <small>(See MPEP chapter 600 concerning utility patent application contents)</small>			<b>ADDRESS TO:</b> MAIL STOP PATENT APPLICATION Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form</b>  <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input checked="" type="checkbox"/> <b>Specification</b> [Total Pages <u>23</u>]  <small>(preferred arrangement set forth below)</small></p> <ul style="list-style-type: none"> <li>• Descriptive title of the Invention</li> <li>• Cross References to Related Applications</li> <li>• Statement Regarding Fed sponsored R&amp;D</li> <li>• Background of the Invention</li> <li>• Brief Summary of the Invention</li> <li>• Brief Description of the Drawings <i>(if filed)</i></li> <li>• Detailed Description</li> <li>• Claim(s)</li> <li>• Abstract of the Disclosure</li> </ul> <p>3. <input checked="" type="checkbox"/> <b>Drawing(s)</b> (35 USC 113) [Total sheets <u>8</u>]</p> <p>4. <input checked="" type="checkbox"/> <b>Oath or Declaration</b> [Total Pages <u>3</u>]</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d))  <small>(for continuation/divisional with Box 17 completed)</small>  <small>[Note Box 5 below]</small></p> <p style="margin-left: 40px;">i. <input type="checkbox"/> <b>Deletion of Inventor(s)</b>  <small>Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>5. <input type="checkbox"/> <b>Incorporation by Reference</b> <i>(useable if Box 4b is checked)</i>  <small>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</small></p> </div> <div style="width: 48%;"> <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission  <small>(if applicable, all necessary)</small></p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Copy</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p style="margin-left: 20px;">c. <input type="checkbox"/> Statement Verifying identity</p> </div> </div>					
<b>ACCOMPANYING APPLICATION PARTS</b>					
<p>8. <input checked="" type="checkbox"/> Assignment</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement  <small>(when there is an assignee)</small></p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS  <small>Statement (Form 1449) Citations</small></p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (CPEP 503)  <small>(Should be specifically itemized)</small></p> <p>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application,  <small>Statement Status is still proper and desired</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)  <small>(if foreign priority is claimed)</small></p> <p>16. <input checked="" type="checkbox"/> OTHER: Express Mail Certification  <small>Check # <input type="text"/> (\$ <input 6"="" type="text/&gt;)&lt;/small&gt;&lt;/p&gt; &lt;/td&gt; &lt;/tr&gt; &lt;tr&gt; &lt;td colspan="/> <p>17. If a <b>CONTINUING APPLICATION</b>, check appropriate box and supply the requisite information:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.: _____</p> <p><small>Prior application information: Examiner: _____ Group/Art Unit: _____</small></p> </small></p>					
<b>18. CORRESPONDENCE ADDRESS</b>					
<input type="checkbox"/> Customer Number ( <input type="text"/> ) Or Bar Code Label					
OR					
<input checked="" type="checkbox"/> Correspondence Address Below					
<b>NAME</b>		ATTN: John J. Oskorep			
<b>ADDRESS</b>		One Magnificent Mile Center 980 N. Michigan Avenue, Suite 1400 Chicago, Illinois 60611			
Telephone: 312-222-1860		Fax No.: 312-214-6303			
Name (print/type)		JOHN J. OSKOREP		Registration No.: 41,234 <small>(Attorney/Agent)</small>	
Signature				Date: 27 Feb 2004	

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22141 U.S. PTO  
 10/788727

022704

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022704

4230 U.S.

## FEE TRANSMITTAL

Attorney Docket No.	HSJ9-2003-0077US1
First Named Inventor:	Fox
Application Number	not yet assigned
Filing Date:	not yet assigned
Examiner Name:	not yet assigned
Group/Art Unit:	not yet assigned

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$1202.00</b>
<b>METHOD OF PAYMENT (check One)</b>	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-2587 Deposit Account Name: Hitachi Global Storage Technologies</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>

### 2. UTILITY Basic Filing Fee & Claims

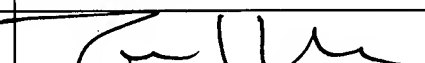
(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 770.00	\$385.00	\$ 770.00
Total Claims	37 - 20 =	17	X \$ 18.00	X \$ 9.00	\$ 306.00
Independent Claims	4 - 3 =	1	X \$ 86.00	X \$ 43.00	\$ 86.00
Multiple Dependent Claim(s) (if applicable)	0		\$ 290.00	\$145.00	\$ 0.00
Total of above Calculations =					\$ 1162.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 340.00	\$ 170.00	\$ 0.00
Reissue filing fee	\$ 770.00	\$ 385.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 0.00
Total of above Calculations =			\$ 0.00

### 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Assignment Recordation	\$ 40.00	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$ 40.00

Name (print/type)	John J. Oskorep	Registration No.: (Attorney/Agent)	41,234
Signature		Date	27 Feb 2004